

**CITY OF FORT SMITH
APPLICATION FOR UTILITY ASSISTANCE
PROJECT CONCERN**

FOR OFFICE USE:

ACCOUNT #: _____
EFFECTIVE DATE: _____

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
TELEPHONE: (_____) _____ - _____

	NAME	SOCIAL SECURITY #	RELATION TO HEAD OF HOUSEHOLD
1:	_____	_____	_____
2:	_____	_____	_____
3:	_____	_____	_____
4:	_____	_____	_____
5:	_____	_____	_____

SOURCE	AMOUNT	SOURCE	AMOUNT
EARNED INCOME	\$ _____	WORKER'S COMP	\$ _____
FARM SELF EMP	\$ _____	UNEMPLOYMENT COMP	\$ _____
NON-FARM SELF EMP	\$ _____	PENSIONS/ANNUITIES	\$ _____
SOCIAL SECURITY	\$ _____	DIVIDENDS/ROYALTIES	\$ _____
V.A.	\$ _____	SAVINGS INTEREST	\$ _____
AFDC	\$ _____	RENTAL INCOME	\$ _____
SSI	\$ _____	CHILD SUPPORT	\$ _____
ALIMONY	\$ _____	FOOD STAMPS	\$ _____
WIC	\$ _____	OTHER INCOME	\$ _____

INCOME FROM OTHERS (FAMILY MEMBERS, BOYFRIEND, ETC) \$ _____

DO YOU RECEIVE ANY OTHER UTILITY ASSISTANCE? YES _____ NO _____

IF YES, AMOUNT OF UTILITY ASSISTANCE \$ _____ SOURCE OF ASSISTANCE _____

DO YOU RECEIVE GOVERNMENTAL RENTAL ASSISTANCE, THROUGH FEDERALLY SUBSIDIZED HOUSING, 'THE HOUSING AUTHORITY, OR HUD? YES _____ NO _____

IF YES, AMOUNT OF RENTAL ASSISTANCE \$ _____ SOURCE OF ASSISTANCE _____

TOTAL HOUSEHOLD INCOME \$ _____

I hereby certify that the above information is true and correct and authorize the Sebastian Retired Citizens Association (SRCA) and/or the City of Fort Smith Representatives to make any investigations necessary to establish my eligibility for services. I understand that if I am dissatisfied with the decision rendered that I may request a hearing. I agree that I shall report any changes to my income that may affect my eligibility within 5 days as long as I am a participant of the Project Concern Assistance Program. I understand that if false statements are found on this application it shall be considered sufficient cause for removal from the Project Concern Utility Assistance Program, and ineligibility for further billing at the discount rate. Further, I understand that the City of Fort Smith will bill me for any discounts obtained fraudulently through these false statements.

Client Signature: _____ Date: _____

**CITY OF FORT SMITH
"PROJECT CONCERN" TERMS OF AGREEMENT**

The form which you just completed is a record of an application for services made by you for the City of Fort Smith Utility Assistance Program. You should be aware of the following information.

1. YOU WILL NEED PROOF OF INCOME FOR EVERYONE IN THE HOUSEHOLD, AND YOUR MOST RECENT WATER BILL WHEN THIS APPLICATION IS PRESENTED TO THE BECKMAN CENTER FOR APPROVAL. COMPLETED APPLICATION, PROOF OF INCOME AND CURRENT WATER BILL WILL NEED TO BE MAILED OR TAKEN TO THE BECKMAN CENTER LOCATED AT 2100 N 31 ST. FORT SMITH, AR 72904

2. Your application must be process within 30 days of being completed.

3. You have the right to request a hearing from the City Administrator if you are determined ineligible for the Utility Assistance Program. Requests must be filed in writing within 10 days of notification of ineligibility to the City Administrator, PO BOX 1908, Fort Smith, AR 72902

4. You have the responsibility to report within 5 days if you or any member of your family covered by this request for service moves from the state, enters a nursing home, or institution for the mentally retarded, ceases to receive AFDC or SSI, has changes in their income, or if there are any other changes in information supplied on the front of this application.

5. Your case may be selected for a detailed review of eligibility factors by staff of the Sebastian Retired Citizens Association, Inc (SRCA), or the City of Fort Smith.

6. The SRCA is required to make information in your application available to the City of Fort Smith for any purpose connected with "Project Concern" utility assistance program. Such purposes may include, but are not necessarily limited to audit of SRCA records to establish that the program was operated in compliance with the requirements of the City of Fort Smith. your signature on this form is your consent to the release of any information for those purposes. You may refuse to supply any or all such information to the SRCA, but your refusal to do so may result in the denial or discontinuation of your eligibility for utility assistance through Project Concern.

7. Both SRCA and the City of Fort Smith are required to keep any personal information for which you have supplied about you and your family confidential and this information will not be released to anyone without your written consent , except as stated in item 5 above.

I _____ certify that all facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for ineligibility, and that I may be required to pay for any discounts that I received fraudulently. Your signature certifies that you have read and understand the Terms of Agreement for "Project Concern" utility assistance. If you do not understand any of the terms of this application, please request further explanation before signing and submitting this application. You may refuse to sign the Terms of Agreement for utility assistance, but your refusal may result in ineligibility of utility assistance through "Project Concern".

Client Signature_____

Date:_____

Determination of Eligibility

Eligible

Ineligible

Date of Determination: _____

Signature of SRCA Representative _____

Mail Application to :

Beckman Center
Attention: Candace Graham
2100 N 31 St
Fort Smith, AR 72904
479-785-0065